

inside *this issue*

page 2: Eastern Shore Area Health
Education Center
SHIP Grantee Highlights

page 3: Western Maryland Area Health
Education Center
Maryland Census Tract

page 4: Writing A Successful Grant
Proposal

page 6: The Buzz

MARYLAND *Care*

Maryland Department of Health
and Mental Hygiene

Family Health Administration Office
of Health Policy and Planning
201 West Preston Street
Baltimore, Maryland 21201
www.mdpublichealth.org

To contribute articles,
contact: Stacy M. Kidd, Program
Manager, Maryland State Office of
Rural Health at
410-767-5942 • Fax: 410-333-7501
skidd@dhmh.state.md.us

Robert L. Ehrlich, Jr.
Governor

Michael S. Steele
Lt. Governor

S. Anthony McCann
Secretary, DHMH



WESTERN MARYLAND HEALTH CARE CORPORATION - SUCCESSFUL FQHC APPLICATION

Submitted by Robert Stephens, GCHD

The Western Maryland Health Care Corporation (WMHCC) was notified in June 2005 that it would be receiving Section 330 funding to establish a Federally Qualified Health Center in Garrett County. With the assistance of Section 330 grant funding, the WMHCC will operate a community health center that will provide comprehensive primary and preventive health care to low-income, uninsured and underinsured individuals and families in Garrett County, and surrounding areas. Funding for the center did not come easy as a matter-of-fact, the WMHCC did not receive funding for its FQHC until the third application was submitted. The community was eligible for FQHC funding based on many health and economic indicators, but there were many factors that made it difficult to acquire including the fact that the WMHCC had no paid staff and provided no medical care at the time of the application.

Some of the lessons learned by the WMHCC in submitting a successful application were:

- Do your homework. Visit other FQHCs and thoroughly review the grant criteria before deciding to move forward. Other FQHCs were extremely helpful and open to our inquiries.
- Involve the Primary Care Office and the Primary Care Association – they have many resources to offer.
- Garner community support. It is important that the medical community is supportive of the application. The local hospital and health department took a major role in developing the application.
- Identify one person who will be the primary grant writer.
- Have someone from outside the community review the application.
- Tell your story. It is important to have the right data but it is equally important to tell the human impact side of the story.
- If at first you don't succeed... Keep trying!

EASTERN SHORE AREA HEALTH EDUCATION CENTER

Submitted by Cindy Slacum, ESAHEC

The Eastern Shore Area Health Education Center (ESAHEC) was established in 1995. The ESAHEC partners with regional counties including the nine Eastern Shore counties: Cecil, Kent, Queen Anne's, Talbot, Caroline, Dorchester, Wicomico, Worcester and Somerset. The Eastern Shore AHEC facilitates four key programs: Continuing Education, Health Careers, Clinical Education, and the Learning Resource Center.

All of the programs are interconnected. Ideally, the younger Health Careers participants feed into the Clinical Education program – the Health Care Professionals link together as mentors and models for the students at all levels. The Health Care Professionals network with each other during caucus meetings, and help the ESAHEC plan for training sessions. Continuing Education participants assist the ESAHEC in selecting learning materials that will be of the greatest assistance to the region's providers as they work with and help to train others. The Health Careers Coordinator works with the nine public school systems on the Eastern Shore to offer job shadowing to eighth graders and high schoolers.

The Clinical Education program offers services to universities that are preparing students in the health care professions. Students are matched with a preceptor, either by the university or the ESAHEC, and are offered housing during their rotation.

Through the preceptor-student relationship, students are exposed to rural populations and come away from their experiences with a better understanding of the needs of rural populations. Some students choose to practice on the Eastern Shore after they complete their training. Our preceptors deserve much recognition for their efforts in training and encouraging our Clinical Education students.

The Learning Resource Center (LRC) assists health care professionals and students in obtaining the information they need for research, study and professional practice. The LRC offers training to health care providers, public libraries, and other interested individuals on finding reliable health care information via the Internet.

The ESAHEC participates in Geriatric Assessment and Interdisciplinary Training, or GAIT projects, which bring together health care professional students from a variety of disciplines to a variety of health care settings. For two days, the students interact with patients and each other to learn team building and team patient assessment in a health care setting. The ESAHEC is responsive to the health care needs of the region's varied populations.

SHIP GRANTEE HIGHLIGHT: ATLANTIC GENERAL HOSPITAL

The State Office of Rural Health administers the federal funding designated for Maryland's three SHIP (Small Rural Hospital Improvement Program) grantees: The Edward W. McCready Memorial Hospital, Garrett County Memorial Hospital, and Atlantic General Hospital.

The SHIP grant provides a small stipend to federally designated rural hospitals for initiatives focusing on HIPPA, Quality Assurance, and Prospective Payment Systems. This month, we highlight Atlantic General Hospital located in Berlin, Maryland. The following excerpt is taken from the Atlantic General Hospital web site: www.atlanticgeneral.org

Atlantic General Hospital has been providing quality health care to the residents of Worcester, Wicomico and Somerset counties, as well as communities in Delaware and Virginia since May 1993. Made possible through the commitment and generosity of a dedicated community, the state-of-the-art facility in Berlin, Maryland combines old-fashioned personal attention with the

latest in technology and services. The scope of our programs, the qualifications of our medical staff, and the quality of our facilities and equipment are unmatched in our service area on the lower Eastern Shore of Delmarva. From our hospital and medical complex to our regional network of clinics and related services, Atlantic General Health System (AGHS) is the most advanced healthcare system in the area.

Many of the area's most respected family physicians and practitioners in private and group practice provide services through AGHS. The physicians within our system work closely with network specialists to provide specialty care and services.

WESTERN MARYLAND AREA HEALTH EDUCATION CENTER

Submitted by Susan Stewart, WMAHEC

The Western Maryland Area Health Education Center (WMAHEC) is a non-profit organization whose mission is to improve access to and promote quality in healthcare through educational partnerships. Founded 30 years ago by a group of local healthcare professionals and political leaders through collaboration with the University of Maryland School of Medicine (UMB), WMAHEC's roots were established through federal legislation. The agency receives financial support from UMB, Maryland Department of Health and Mental Hygiene, federal, state and private foundation sources.

WMAHEC is a community organization established as a vital link between the academic resources of UMB, other major academic health centers, and local community organizations. As a unique part of the region's healthcare education and training system, the agency creates strong, sustainable collaborations that combine resources, leverage external funds, and avoid duplication of programs and services. WMAHEC works to recruit health professionals into Health Professional Shortage Areas and to provide resources

for retaining health professionals. Its 11 professional caucuses enjoy a membership of over 600 health practitioners who support the training and education mission of the agency. Caucus members help WMAHEC serve as a community facilitator that assists multiple organizations with identifying resources, exploring alternative strategies, and establishing collaborations.

Key programs of WMAHEC include clinical education for health professions

students with a focus on interdisciplinary practice, health careers education for K-12 and college students; facilitation of continuing education courses for regional health professionals; learning resource services; support for off-campus undergraduate and graduate programs; and organization of coalitions on priority regional healthcare concerns.

WMAHEC serves Maryland's Appalachian counties – Allegany, Garrett, Washington and the contiguous West Virginia and Pennsylvania counties. With a full-time staff of 16, the agency coordinates programs and services involving collaboration with many local, state, and national entities. Recognized as an integral component in the community's healthcare network, WMAHEC works diligently to create and maintain partnerships that meet the community's priority healthcare needs.

MARYLAND CENSUS TRACTS DESIGNATED AS “RURAL” BY FEDERAL STANDARDS: <ftp://ftp.hrsa.gov/ruralhealth/Eligibility2005.pdf>

The 11-digit numbers in the table below are Census Tract identifiers. From left to right, the first two digits identify the state, the next three digits identify the county, and the final six digits identify the Census Tract. The Federal Government defines the following Census Tracts, within metropolitan or micropolitan counties, as Rural:

Allegany:

24001000100
24001000200
24001000300
24001000400
24001000500
24001000600
24001000700
24001000800
24001000900
24001001000
24001001100
24001001200
24001001300
24001001401
24001001402
24001001502

24001001503
24001001600
24001001700
24001001800
24001001900
24001002000
24001002100
24001002200

Baltimore Co:

24005408400
24005491800

Calvert:

24009860900
24009861001
24009861002

Carroll:

24013510000

Frederick:

24021753200

Queen Anne's:

24035810100
24035810200
24035810300
24035810400
24035810500
24035810700

Somerset:

24039980101
24039980300
24039980400
24039980500
24039980600

Washington:

24043010100

TIPS: WRITING A SUCCESSFUL GRANT PROPOSAL

The following is a compilation of the DOs and DON'Ts of grant writing. Be mindful that proposal requirements will differ slightly depending on the type of grant and the funding entity.

DO

- ✓ DO... know your audience - what does the funding agency/foundation know about the issue you are presenting?
- ✓ DO... be concise - provide the "Cliffs Notes" version of your agenda and not the play-by-play.
- ✓ DO... rely on the funder's grant writing guidelines. Most funders ask similar questions, but may reverse the order or use different vocabulary/subheadings.
- ✓ DO... use sub-headings. An organized proposal keeps everyone on subject, writer and reviewer alike.
- ✓ DO... provide a short summary of the proposed program/project - no more than five sentences - as an "Executive Summary" or part of a cover letter.
- ✓ DO... describe the issue you are addressing in your proposal and its importance to the community you will be serving. Convince your audience that your program is worth funding.
- ✓ DO... Quantify details - use statistics to enrich your proposal - provide preliminary data!
- ✓ DO... take the time to briefly describe the expertise necessary to deal with the problem - explain how you/your organization/your partners are qualified to fill that role.
- ✓ DO... provide examples of similar program successes – examine how those models may or may not be integrated into your solution set/program/initiative.
- ✓ DO... describe a work plan that is specific to the problem you are addressing. State the goals, or Specific Aims, of the initiative. Include the following information:

Who is the audience, or beneficiary of the activity?
How many people will you reach/serve? How
will you include them in the initiative? Are they
invested, and how?

Where will the project take place?
Describe the activities associated with the
initiative.

DON'T

- ✓ DON'T... use jargon and acronyms unfamiliar to the funder. You will lose their interest and their confidence.
- ✓ DON'T... provide 80 pages of narrative when you are only asked for a brief 3-5-page description.
- ✓ DON'T... assume the funder subscribes to the proposal guidelines as set forth by government and other well-known granting agencies.
- ✓ DON'T... describe in narrative form the full complexity of your organization if in fact the program is multi-faceted. An organizational chart is especially useful in this instance and can be easily provided in the appendix.
- ✓ DON'T... overwhelm the reviewers with technical information without providing them with alternative sources for furthering their understanding of the problem. You may consider including informative web pages and articles dealing with the issue.
- ✓ DON'T... submit a proposal without sound data that is relevant to the geographic location and/or population of interest - think local, provide local data.



DO

Quantify your activities – doing so lays the groundwork for devising outcome measures!

What program/project planning has already occurred? What infrastructure/organizing has been done? Are all partners committed to their associated duties?

Who are your personnel and what are their credentials? Always include an updated resume of key personnel.

What is the projected timeline for the program? Consider including a graphic of the timeline in the appendix.

What is your plan for sustainability?

- ✓ DO... clearly define outcome measures. What are the intended outcomes of the program/project? How will they be measured? What is the intended impact?
- ✓ DO... be honest about the amount of funding needed. If the foundational funds are intended as the sole source of funding, you must state that up front. Provide information on past, present, and future fund raising efforts.
- ✓ DO... remember to spotlight your in-kind contribution, which may include personnel, equipment, facilities, etc. If you are applying for a matching grant, your in-kind contribution may be considered a portion of your total contribution – be prepared to assign a dollar figure to the in-kind elements and include them in the proposed budget.
- ✓ DO... include a transparent budget. Break down direct and salary costs; provide a full explanation in the budget justification – this is an opportunity to shed light on equipment and staff needs. Have fiscal and operations persons review the final budget and justification.
- ✓ DO... include with your submission:
 - Copy of your IRS tax exempt document;
 - Proof of your 501 (c) (3) status (if applicable);
 - Organizational Chart and list of Board of Directors;
 - Copy of your organization's financial statement from the last full fiscal year;
 - Budget for the current fiscal year; and
 - The budget for the next fiscal year.

DON'T

- ✓ DON'T... describe a problem disproportionate to the solution. Ensure your solution fits the problem.
- ✓ DON'T... be vague when describing your work plan. It may be true that all pieces of your plan are not fully evolved, but it is important to provide as much detail as possible about the plan of action. As many researchers and program coordinators know very well, things change. Make the best presentation even if you include some assumptions, BUT don't build your entire proposal on assumptions! Disastrous!
- ✓ DON'T... exclude the intended outcomes and impacts section. You must show measurable outcomes. Remember qualitative data can also be incorporated.
- ✓ DON'T... assume that 100% of the funding will come from one source. Furthermore, DON'T assume that you will not be responsible for some portion, in cash or kind, of the program cost.
- ✓ DON'T... forget to put the final proposal together as indicated in the grant guidance!
- ✓ DON'T... overlook the requirements for submission. Note the number of copies required per submission, route of delivery (US Mail, FedEx), correct address for delivery, and the "Post Marked By" date for submissions.
- ✓ DON'T... over shadow the presentation of your proposal with fancy bindings etc. Use a single paper or binder clip.

SAVE THE DATE

2006 Maryland Rural Summit

October 25-27

Cecil County, Maryland

KEYNOTE SPEAKER:

Dr. Anirban Basu

www.rural.state.md.us

THE BUZZ...

- 1 The National Association of Counties (NACo) is committed to raising public awareness about, and helping counties respond to, the nation's methamphetamine drug epidemic. NACo has a "Meth Action Clearinghouse" on its web site at: http://www.naco.org/Template.cfm?Section=Meth_Action_Clearinghouse
- 2 NACo First Vice President Eric Coleman pressed for national leadership on the methamphetamine crisis in his testimony before a joint hearing of the House Health Subcommittee and the Environment and Hazards Materials Subcommittee on Oct. 20, 2005.
- 3 According to a national survey of 500 law-enforcement agencies in 45 states released by NACo, 58% said Meth was their biggest drug problem and 87% of sheriffs interviewed reported increases in meth-related arrests in their counties over the last three years.
- 4 A NACo Report "The Meth Epidemic in America" contains results from two surveys of U.S. Counties: The Criminal Effect of Meth on Communities and the Impact of Meth on Children; available in PDF format at: http://www.naco.org/Template.cfm?Section=Meth_Action_clearinghouse&template=/ContentManagement/ContentDisplay.cfm&ContentID=17216

Seven Maryland Counties Designated "Rural" by Federal Standards

Caroline
Dorchester
Garrett
Kent
St. Mary's
Talbot
Worcester

MARYLAND *Care*

Unit #108

Maryland Department of Health and Mental Hygiene
State Office of Rural Health
201 West Preston Street
Baltimore, Maryland 21201

Disclosure statement:

The services and facilities of the Maryland Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations.

The Department, in compliance with the Americans With Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.